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ABSTRACT

This paper offers guidelines for effectively integrating preschool children with disabilities in classrooms with nonhandicapped children. First, formal aspects of program integration including legislative requirements and the Child Find program to identify young children needing special services are reviewed. Next, program planning guidelines are offered concerning: when integration should begin; selection of a learning model; teacher/child ratios and schedules; staffing; evaluation; supports for staff; and development and use of personalized prescriptions. Finally, 20 ideas for teachers and caregivers are offered. These include: learn about each disability; know skill prerequisites; arrange the environment; be flexible about theory and practice; show physical affection; provide tactual real experiences; discipline wisely; and utilize parents as partners. (18 references) (DB)

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CREATING INTEGRATED ENVIRONMENTS FOR YOUNG HANDICAPPED CHILDREN

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Creating integrated environments

for young handicapped children

The mere act of placing handicapped and nonhandicapped children together in a classroom does not ensure integration. There are two aspects to think about in working toward integration in the classroom. One is the formal aspect, and the other emphasizes the informal, subtle ties between teacher and child, between teacher and parents, and between child and peers, that flesh out the goal of integrating atypical infants and preschoolers into childcare programs for typical youngsters.

If a program just tries the mechanics of physically putting special needs children into a space where typical children are served, then often there is simply a segregated space. A retarded youngster, who, for example, thoughtlessly whirls toys as weapons toward other children, may be corralled by an aide who stays close by and forms a living gate in order to protect other children from coming within the orbit of the dangerous behavior. But the goals of a truly integrated program are not served simply by such protective gestures.

Another scenario I have seen occurred when normal toddlers were moving with enjoyment into an activity with teacher while nobody seemed to remember that the hydrocephalic toddler who had been "mainstreamed" into that classroom lay on a cot near a side wall. He could not lift his enlarged head and no person had attempted to prop him into a semi-seated position so that he could at least observe the ongoing busy activities in the room.

Formal Aspects of Program Integration

Legislative Requirements and Services

First let us take a historical look at legislation pertaining to integration of atypical with typical young children. One of the earliest legislative acts was PL 90-538, The Handicapped Children's Early Education Assistance Act. More recently,the 1975 Education for all Handicapped Children Act, PL 94-142, popularly known as the Bill of Rights for Handicapped Children, guaranteed for all children, regardless of severity of handicap, the right to a free and appropriate public education, and gave specific support to early education programs for children under five years. Incentive monies were authorized to encourage states to find and serve special needs children.

Child Find is the title for the federally supported process of locating and identifying children in need of special interventions. The bill included the requirement that every child is to have an IEP, an Individualized Educational Program tailored to meet that child's unique needs. A due process procedure enables parents to call a special hearing when they do not agree with a school's plans for their child.

In 1986 Congress passed very comprehensive legislation (PL 99-547) as amendments to PL 94-142. This law has several parts and titles. Title 1 and 11 focus on the very young (Ross, 1992). Title 1, often called Part H, is discretionary legislation that addresses the case for handicapped infants and toddlers. A state may choose to serve or not serve children from birth to two

years.But, if it serves infants and toddlers, it must serve handicapped infants too.

> It is therefore the policy of the United States to provide financial assistance to states to develop and implement a statewide, comprehensive, coordinated, interdisciplinary program of early intervention services for handicapped infant and toddlers and their families. (Federal Register, 1986, Section 671, p. 1145)

The Title 1 section of PL 99-457 makes several major points:

1. If infants and toddlers are at risk for delayed development without early intervention services, then they must be served.
2. Very young children no longer need to have their handicap labeled in categories, such as "mentally retarded" or "emotionally disturbed".
3. An Individualized Family Service plan (IFSP) , a written assessment of needs and of prescribed services, is required under Federal Law PL 101-476, formerly PL 99-457, for every infant and family served under Part H. Services are to be coordinated by a case manager assigned specifically to each case. The case manager makes sure that the family plays a part in planning the child's IEP, and helps the family get and coordinate a variety of multidisciplinary services.

Title 11 refers to handicapped children 3 to 5 years. Services remain much as they were under PL 94-142 except that there are substantial funding increases. A five-year timetable

was established for implementation of admission of all handicapped 3-to-5-year-olds nationally into intervention programs by the end of 1991. All states must provide such services.

The mandate that children with handicaps be educated in the least restrictive environment remains. IEP's continue as does Child Find (EPSDT PL 90-248) which, depending on a child's handicap, provides an integrated setting to the maximum extent possible.

Once a childcare facility has become familiar with these laws, then planning can begin in order to obtain monetary supports for services for the children, for outreach to their families, for transportation, and for possible physical modifications in rooms and environments.

When shall integration begin? One decision a family and program will have to make is whether a) to begin service for a child in a special program tailored for the particular handicap at a particular level of severity, and then gradually move a child into an integrated setting, or b) to begin immediately with integration. Sometimes "piggybacking" one setting after another works best when the child has special difficulties. A toddler who is multiply handicapped and throws violent tantrums with breath holding may need a specialized setting to help him gain self control and trust of teachers before moving into an integrated setting.

Goals and objectives of the program need to be set. If there is too much emphasis on provision of specialized services of an Occupational Therapist, a Physical Therapist, etc. then, the program may be losing sight of the fact that providing a rich loving, learning experience for young children together is the main objective of an integrated environment. You will have to discover whether state laws will support your program's taking infants and will support continuation of services beyond the preschool period across that invisible barrier when the child turns 5 years chronologically, the age at which normally developing youngsters will be leaving the center for school entry.

Selection of a learning model. Each program has to consider careful the learning model it selects for the integrated program. Will you choose a child/centered program with a variety of learning centers and an emphasis on whole language and choices for children? This is the kind of developmentally appropriate environment strongly urged for all children 0-8 years of age by the National Association for the Education of Young Children (Bredekamp, 1987). Are parents or others in your program urging a more behaviorally oriented program as in the Bereiter-Engelmann model or a token reinforcement model ? You will want to read about programs that have successfully used one or another model to create an integrated environment. For example, Peck, Odom, & Bricker (1992) provide a professional guide to recommended practices and policies for community integration. Bricker's

program mainstreamed Down's syndrome toddlers with typical children (who were about one year younger), and used a behavioral ladder model for teachers and parents to work toward learning goals for the toddlers.

Ratios and schedules. The next decisions will involve group size, ratios of children per teacher, and number of hours per day that the integrated infant, toddler or preschooler will attend. Ross (1992) suggests that, for infants, the ratio be set at two infants per teacher in groups of 6 infants, attending two hours per day three times per week.

Staffing. It is important to hire staff who look forward positively to implementing an integrated program. Working with children with special needs creates extra stresses-- anxieties for those unfamiliar with children with specific handicaps; puzzlement over how to cope with disturbing behaviors, such as bizarre hand movements or poking and pressing on eyes (which some blind children do excessively in order to stimulate light sparks). Staff will need to be flexible, skilled, optimistic, patient, -- all the ideals we want for perfect parents or teachers! As Spodek, Saracho, & Lee (1984) have noted, no two teachers will implement integration plans in quite the same way. A Director needs to give training plus freedom for staff to implement program in unique, personalized ways.

Will you be forced to hire staff with state accreditation for special education , even though your budget does not permit this? You may well be able to train excellent child development

and early education staff in caring for special needs children. Hunter (in press) describes eloquently one way in which careful planning permits integration. Children with a variety of handicaps are integrated into the Children's Place, an NAEYC accredited center in New Orleans. Parents pay for special services, but free space for these visiting professionals is provided on site by the Center.

Evaluation. Once you have created integrated classrooms, then implementation of the curricular plans along with the IEPS, and IFSPs must be monitored in an ongoing formative evaluation process. What instruments will you use? Tina Bangs has color-coded instruments for assessing the progress of handicapped infants. Pace and Dunst have created the Preschool Assessment of the Classroom Environment Scale (PACE) for assessing integrated environments for preschoolers. You will also want to look into instruments that combine curricular ideas with ongoing assessment for classrooms with special needs children. The North Carolina LAP provides 44 weeks of curriculum ideas. HELP, The Hawaii Early Learning Profile, is designed for assessment, planning, intervention, and parent support for developmentally delayed infants,toddlers and preschoolers.

Supports for staff. Staff meetings are important. Teamwork is all-important. If there are too great stresses, teacher burnout can occur. Suppose you have a blind child who is withdrawn and although no plan seems to be working, he does love when his teacher plays the piano. Can you find a musician or

piano teacher who can provide some special opportunities for that child on a part-time basis? Suppose you have a blind baby with a markedly expressionless face. Can you find an ingenious tinkering volunteer who will be able to rig up a mobile that chimes different tones depending on which direction the infant's leg kicks the crib mobile? An animated face is sure to follow in the wake of an infant's discovery that he can have an impact on his world. Teachers will want to brainstorm with administrative personnel to address snags in the integration model that require seeking outside expertise for particular problems.

Personalized Prescriptions to Help an Integrated Program Work

Young children learn best in an emotional climate that gives them security and affirmation. Whether a child has handicaps or not, a loving, safe environment will help a child feel less threatened, less defensively apt to act out or withdraw.

Some people are so concerned about a child's handicap, they forget that teaching and cherishing the child comes before consideration of special needs that the handicap entails. Some adults feel that the roles of Parent and Teacher are quite separate, such that the Parent is supposed to do the loving and intimate body ministrations, while the teacher is supposed to help children learn how to be learners in a group situation (Furman, 1986). Children thrive in intimate, nurturing environments. But if they are busy defending their bodily and psychological integrity from real handicaps and real or imagined threats and frustrations they will not have life energy available

for passionate commitment to learning. Learning is hard work even when it looks like child's play! Below are 20 ideas to help teachers and caregivers achieve the integration process more satisfactorily.

1.Get acquainted. Each teacher has to get to know each child individually. This means caregivers need to learn not just normative developmental ages and stages over the gamut of sensorimotor, early preoperational, and later concrete operational cognitive acquisitions. Additionally , adults need to tune in to each child's vulnerabilities, energy levels, rhythms, tempos, fears, motivational characteristics, temperamental moods, tolerances for frustration, and STRENGTHS.

2. Learn about each disability. Know about each disability as much as you can, so you can be specifically helpful for a child with that disability. A pile of brief articles each describing a different handicap could be a useful addition to the center library when integration efforts are underway. For example, for the severely retarded child without language, nouns are far easier to learn than verbs. To help autistic children you will want to learn some sign language, since verbal communication may not be possible. Intimacy and communication are often particularly hard for these children. However, the new "assisted typewriting" techniques are helping to free silent autistic children to compose essays that reflect their inner needs and feelings. For deaf children, caregivers learn to face a child directly and to mouth words exaggeratedly while signing.

3. Become a good actress or actor. With some children you will need to use greater intensity.Intense melodious voice tones can be particularly useful to gain eye contact with an unresponsive, retarded infant. Learn to vary voice tones, to use exaggerated facial expressions, to use intensity to gain an infant's gaze or alertness. Role play more dramatically.

4. Know prerequisites. For each planned skill you are teaching, figure out what a child must know in order to succeed at the next level of learning. LURE is my favorite four letter word . Lure children to encourage tries and learning attempts (Honig, 1992).

5. Matchmaker well. If a child has no language do not use vocabulary at his chronological age level. Dr. Sapon at Rochester University suggests starting with basic sounds like mmmm and ah and then chaining them to get "mama" , so that the adult can give power to the child who then asks for a mama doll or asks for a puppy toy and receives the object.

6. Dance up and down developmental ladders. If an activity is too difficult for a child, find ways to make the task easier. Use more "scaffolding". If a child has already mastered a basic skill, find ways to lure him into a slightly more difficult variant of the task (Honig, 1982).

7. Arrange the environment. Place materials that are safe within easy reach of all children, including those in wheel chairs or with limited motoric skills. Safety-proof the environment so a child can wheel a wheelchair without frustration. Do you have a pedal a child can press to turn on a faucet from a wheelchair?

Brainstorm your childcare facility. Do sliding door cabinets give access to pull toys and balls to creeping babies but not to the handicapped baby. How could he competently get a toy for himself?

8. Be flexible about theory and practice. If you have a child-centered program but one of your atypical kids needs more teacher structure at first - give it. Be flexible in applying theories of child development. You may have to teach a retarded child a very basic skill, such as pointing to a wanted object. Discipline techniques such as a firm request that works for a typical child (e.g. "The sand needs to stay in the sandbox") may not work for the atypical child. That youngster may continue to throw around sand but within the confines of the large sandbox, and thus still continue to aggravate and threaten other children. For this child you need to explain more completely. Give rules, simple rules. Show the child. Set clear boundaries.

One important rule for emotionally aggressive children is : "USE YOUR WORDS!" For an emotionally disturbed child, you may have to repeat this over and over. Then if that child screams "Get away from me stupid" one morning, you may have to explain to the victim that Susie is learning to use words rather than to hit and that this is a first step for her (Allen, 1992). Now she will have to learn which words to use and what tones to use. But please be glad that Susie is not striking out as she usually does!

9. Physical affection. Use a lot of strong social positive

reinforcements, such as hugs, pats, grins, and "Yeah!"s, to shape an appropriate behavior such as even minimally attending to you, if that is what a nonfunctional toddler needs to learn to do. Lap time and back-rub time provide emotional vitamins highly absorbable by any body!

10. Provide tactual real experiences. Actualize symbolic learning experiences with real experiences for blind or multiply handicapped youngsters. Read or make up a story about kids at the beach and have a bowl of sand and a basin of water to put that child's hands through or toes through to make the story come alive for that child . She can sift fingers through the sand. She can splash her hand in the water. You can use a warm or cool setting on a hair dryer to help her feel the cool breeze or warm air referred to in the story.

11. Sensory pleasuring. Increase the childrens' chances for bodily pleasures. Many handicapped children are imprisoned in bodies where motoric control is in short supply. Give sensory pleasures such as a variety of tastes. Provide experiences of sweet fragrances from flowering bushes in your garden or from paper white narcissus forced into bloom in a vase indoors. Play soft sensuous music or rhythmic sweeping violin and cello music. Let kids, sniff, squish, pat, and stroke cornstarch glop or playdough.

For tactile-defensive infants, who cry when picked up or put down, sensitivity to sensory touch may be a particularly important issue. Such a baby may need firm patting and close

firm skin contact or else may need to be wrapped in a light blanket in order to be carried comfortably.

For motorically impaired youngsters, heap up large bean bags in one area of the Center. Take off the kids' braces and let them slither in the safety of a bean bag cocoon with nonhandicapped peers as they giggle and slide together.

12. Teach prosocial skills directly. Model altruism and talk about kindness, cooperation, sharing, and helpfulness. In research in the Jowonio School, an excellent integrated program for very young children in Syracuse, New York, we found that typical children playing in an integrated setting had no prejudice about prosocial responses with peers. That is, they extended the same number of cooperating, helping, empathic, and sharing actions toward handicapped as toward normal peers (Honig, A. S. & McCarron, 1988). However, we did find extremely low levels of prosocial behaviors among the atypical children. Prosocial skills must be specifically taught as well as modelled.

13. Discipline wisely. Don't condone aggression! Just because a child is handicapped, don't have a double standard. Jeff may be deaf. But he may not pull the children's hair to get their attention. Double standards do not protect the other kids and will not help them learn to accept atypical playmates. Use a mild form of TIME OUT called SIT and WATCH if a child has transgressed. Say NO or STOP followed by a short,specific statement describing the harm to the victim. Use victim-centered discipline. Say "No. I cannot let you pull Jamie's hair. That

hurts him. Look at his eyes. He is crying. Or you can say," I cannot let you knock down Luis' tower. He has worked very hard to build his tower. I need to protect all the children in my class."

If a child misbehaves to hurt another with a toy, take the toy away immediately . Get down on the child's level. You may need to hold the child's arms gently but firmly. Look in the child's eyes. Give the child time to comply with your clear rules.

Use praise and encouragement. Some discipline specialists (Dinkmeyer & McKay, 1976) believe that an adult should not praise, but only encourage, with statements such as: "You must be so proud of yourself Johnny. You got your coat off all by yourself." However, I feel it is just fine to say "I am so proud of you!". If you are delighted with a child's new accomplishment after many struggles, show it! Be sure to remark on what is good and helpful about a child's action. Use descriptive phrases that let a child realize the mature aspect of his accomplishment.

Offer choices: "Do you want to sleep with your head at this end of the cot or the other end?" Use each child's name to get the child's attention prior to attempting a control technique to gain compliance (Honig, 1985b). Phrase requests positively. "Walk slowly" or "Hold on carefully" works better than " Don't fall!.

14. Use physical proximity. To create a ZONE of SECURITY and safety, stay near children with difficulties (Wolfgang & Wolfgang, 1992). Children know you are there physically as well

as emotionally for them in order to provide assistance, information, support, and caring. They will be able to use self-control if you are there to support the growth of inner controls (Honig & Lansburgh, 1991).

15. Choose games that all children can participate in. Despite the fact that you may have a covert goal, for example, to improve articulation or rhyming skills for a particular language delayed child, plan as many games as possible that all children together will enjoy playing frequently. For example, a game where the children have to guess "What am I?" I have a yellow skin. When you peel me and eat me I taste good" is a fine riddle game for all the children in the group, despite the fact that you are working on food names particularly for the sake of one special child. Bean bag toss games are good for all. What else can you devise?

16. Support self-help learning. Special needs children need to grow toward more autonomous functioning just as typical children do. Provide specific task skills and equipment. Show a child how to adjust the volume on his hearing aid. Teach a child how to park his crutches so that he can retrieve them when he needs to. Give a child a timer that is set to go off every so often if that is what is needed to remind him to go to the toilet. Provide handrails for toileting children in wheelchairs and footstools if they have weak muscles and are afraid of falling without a foot support.

17. Provide orderliness. Increase your alertness to the need for

order and organization in the classroom. This will help children with delays to form cognitive categories for where things belong, and where one goes to find certain play materials. Make clean- up time a real learning and cooperation time that will increase harmony and organization in your environment. Allen (1992) notes that "A structured environment where rules and expectations are consistent, provides a secure yet freeing framework" (p. 144).

18. Teach play skills. Watch for readiness that a child can play in interaction with another. Use teachable moments. Say "You reached for the truck, and now you are going to play with it." Put something a bit out of a child's reach if he has motoric difficulties. Lure the child forward in tiny steps. Keep on adding more rungs on the developmental ladders of learning to support a child's slow struggle to accomplish new goals (Honig, 1982).

19. Use language richly. Sing with children. Chant and play finger games with children. Chanting is a terrific way to notify children that transition times, such as clean-up or moving to another space or activity, are about to occur. Read to all the children as often as possible. Be sure to use routine activities such as diaper change time and hand-wash-up time as opportunities for turn-taking-talk with language-delayed infants and toddlers (Honig, 1985a; 1989).

20. Parents are your partners. In the new legislation, PL 99-457, services for parents are provided independent of services for children. Plan for more reach-out overtures to parents.

Arrange more contact time with parents and provide experiences that confirm your caring. A small room where a family member can view a video of her or his child in integrated interactions in the classroom will reassure and gladden and the heart of a parent, even when you cannot afford to install a one-way mirror for viewing classroom activities.

Ask staff if they are willing to be listed for weekend respite care for those parents who are willing to pay for such services. Try to set up a Parent-to-parent group where parents of atypical children can share their special problems and provide support for each other's feelings, observations, learning, and pride in their children's progression your integrated caregiving environment.

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